

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
SEE DETERMINATION	M E	12	4/2/80
OLP.E. CLASSIFIER	J	7531	5/7/79
FORMALITY REVIEW			7.6.00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ \_\_\_\_\_ Rejected  
 o \_\_\_\_\_ Allowed  
 - (Through numeral) \_\_\_\_\_ Cancelled  
 + \_\_\_\_\_ Restricted  
 N \_\_\_\_\_ Non-elected  
 I \_\_\_\_\_ Interference  
 A \_\_\_\_\_ Appeal  
 O \_\_\_\_\_ Objected

Claim	Date	Claim	Date	Claim	Date
1		1		1	
2		2		2	
3		3		3	
4		4		4	
5		5		5	
6		6		6	
7		7		7	
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42		42		42	
43		43		43	
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46		46		46	
47		47		47	
48		48		48	
49		49		49	
50		50		50	

If more than 150 claims or 10 actions  
 staple additional sheet here

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Best Available Copy